

TOPICAL CORTICOSTEROID AGENTS PA SUMMARY

PREFERRED	Most Generic Products
NON-PREFERRED	Most Branded Products

LENGTH OF AUTHORIZATION: 1 Year

❖ NOTE: Refer to the Topical Corticosteroid Potency List for a complete listing of preferred and non-preferred products. Please note that Ultravate PAC (Kit), Ultravate X cream/ointment, Halonate Kit, and Desonil Plus Kit have separate PA critiera. If clobetasol shampoo or lotion is approved, the PA will be entered for the brand-name product, Clobex, at the NDC level. If fluticasone 0.05% lotion is approved, the PA will be entered for the brand-name product, Cutivate, at the NDC level. If desoximetasone 0.05% ointment is approved, the PA will be entered for the brand-name product, Topicort LP 0.05% ointment, at the NDC level.

PA CRITERIA:

Claims history reviewed for the use of 3 preferred topical corticosteroid claims within the same potency class or a higher potency class in the past 365 days. To see a table of the 4 potency classes of topical corticosteroids, a table can be found at http://dch.georgia.gov/provider-forms

OR

❖ Physician should submit documentation of ineffectiveness, allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to at least 3 preferred topical corticosteroids within the same potency class or a higher potency class.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling Catamaran at 1-866-525-5827.

PA and APPEAL PROCESS:

❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

QUANTITY LEVEL LIMITATIONS:

For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.